

Medicap Pharmacy Health and Wellness

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Lauren Barbrey, L.Ac

MERIDIAN STRESS ASSESSMENT SYSTEM (MSAS) CALLED BIOSCAN AUTHORIZATION AND PERMISSION FORM

I authorize the practitioner at Medicap Pharmacy to perform a Meridian Stress Assessment on me using a BioScan device for the purpose of developing a health improvement program. **It does not diagnosis, treat or cure disease or any medical conditions.** The practitioner at Medicap Pharmacy does not diagnose, treat or cure disease or any medical condition and makes no claims to. I understand that I may be given recommendations for nutritional and lifestyle support.

I understand that MSAS is a safe and noninvasive method of analyzing the energy flow in the body and may indicate nutritional and physical needs of the body. I understand that deficiencies in the body may cause or contribute to various health problems. I understand that MSAS is not a method for diagnosis, treatment, or cure of any disease or medical condition, and that these are not being tested for or treated.

The results of MSAS testing or any natural health, nutritional or dietary programs recommended by the practitioner are not guaranteed and no promises have been made regarding them. I understand that MSAS uses the body's natural energy to suggest possible nutritional imbalances. This allows safe, natural programs to be recommended for the purpose of bringing about a more optimal state of health.

I have **READ and UNDERSTAND** the foregoing. This permission also applies to subsequent visits and consultations.

Date: _____ DOB _____

Print Name: _____

Signed: _____
(Signature of parent or guardian for a minor child under 18 years of age)